

DRAFT Mental Health Services Act Local Planning Budget Worksheet

County(ies): _____

Fiscal Year: _____

Date: _____

	County Mental Health Department	Community Mental Health Contract Providers	Total
1. Salaries and Benefits			
a. Salaries, Wages and Overtime			\$0
b. Bi-Lingual Pay Supplement			\$0
c. Employee Benefits			\$0
d. Total	\$0	\$0	\$0
2. Consumer and Family Member Support			
a. Stipends, Wages and Contracts			\$0
b. Translation and Interpreter Services			\$0
c. Travel and Transportation (including meals, housing, mileage, etc.)			\$0
d. Childcare			\$0
e. Other			\$0
f. Total	\$0	\$0	\$0
3. Other Operating Expenditures			
a. Professional Services			\$0
b. Travel and Transportation			\$0
c. Supplies (Postage, Copying, Office Supplies, etc.)			\$0
d. Rent, Utilities and Equipment			\$0
e. Other			\$0
f. Total	\$0	\$0	\$0
4. Inter/Intra-Governmental Transfers			
a. County Social Services Agency			\$0
b. County Health Services Agency			\$0
c. County Probation Agency			\$0
d. Education Agency(ies)			\$0
e. Other			\$0
f. Total	\$0	\$0	\$0
5. Administration			
a. County Overhead			\$0
b. Contract Overhead			\$0
c. Total	\$0	\$0	\$0
6. Total-Proposed Local Planning Budget	\$0	\$0	\$0